

PRV – UPDATING PROVIDER MANUALS

Purpose:

- a. The purpose of updating the provider manuals is to provide the most current policies and procedures for participation in the Iowa Medicaid program by publishing updates on the Department of Human Services (DHS) website. Provider Services is responsible for setting a schedule for updating the manuals at least once every quarter. IME Bureau Chiefs will designate a specific Policy staff member to be the conduit for these scheduled updates. This schedule will be staggered throughout the quarter so that all of the manuals are not being reviewed at the same time. The schedule will also balance the number of manuals per Policy staff member and IME Bureau Chief that will provide approval. Policy staff will complete approval for administrative rule changes, form changes, and informational letters which require a change to provider manuals and will email the changes to the Manuals Coordinator to be placed in the folder titled **Provider Manual Quarterly Review** in the **PROVSRV on DHSIME** share drive.

Identification of Roles:

Provider Services Manuals Coordinator (MC)
Provider Services Outreach Supervisor and Outreach Staff
IME Bureau Chiefs
IME Policy Staff
Medicaid Deputy Director
DHS Policy Analysis

Performance Standards:

N/A

Path of Business Procedure:

Step 1: The MC sets a schedule to check in on all manuals once every quarter

- a. Stagger the schedule throughout the quarter so manuals are not being reviewed all at once to balance the number of manuals per Policy staff member and IME Bureau Chief providing approval

Step 2: The MC notifies Policy Staff that their manual is up for review

- a. Send an email to Policy staff and attach changes or comments received since the last review which relate to that manual
- b. Attach the most recent MS word version of the provider manual. Currently, versions of the published manuals are located in the folder titled **Provider Manual Revamp** in the **PROVSRV on DHSIME** share drive

Step 3: Policy Staff determine if manual changes are necessary

- a. Policy staff member does a fresh review of the manual and verifies that all forms referenced in the manual are currently being used
 1. If no changes are necessary and all forms are active, the Policy staff member sends an email to the MC with a copy to the IME Bureau Chief, Provider Services Unit Manager and Provider Services Account Manager within two weeks of being notified that their manual is up for review
 2. If changes are necessary and/or a form is obsolete proceed to Step 4

Step 4: Policy Staff make recommendations

- a. All changes, including comments, are to be made using track changes on the electronic copy of the manual sent by the MC. Email recommendations/changes along with the electronic copy of the manual to the Provider Services Outreach Supervisor within **two weeks** of notice that the manual is up for review.
- b. Policy staff must ensure that referenced forms found in the manuals are still active. If a form is found to be obsolete during the review, it must be so noted in the section of the manual in which it is referenced.

Step 5: The Outreach Supervisor assigns an Outreach staff member to make appropriate changes to the manual

- a. Outreach staff member formulates the verbiage for changes or additions by using track changes on the electronic copy of the manual sent by the MC to the Policy staff member and ensures changes are made throughout the manual
- b. Outreach staff have **one week** from the date the email was sent by Policy staff to make changes to the manual and return to the Policy staff member for input and approval

Step 6: The Policy staff member approves changes made in the manual

- a. The Policy staff member has **three business days** from the date the Outreach staff member sent the email requesting approval to respond stating that the changes are approved

Step 7: The Outreach staff member emails the approved manual to the MC

- a. Forward the approval email received from the Policy staff member along with the manual to the MC

Step 8: The MC reviews changes made to the manual

- a. Format according to DHS style guide
- b. Proofread for technical or grammatical issues
- c. Ensures that links are not broken and forms are active

Step 9: Prepare the Policy Approval and Distribution form, 470-0049

- a. The MC will email the IME Bureau Chief responsible for the manual with an electronic copy of the manual and will hand deliver a completed paper copy of the form 470-0049 for signature

Step 10: IME Bureau Chief approves the manual changes

- a. IME Bureau Chief sends an email to the MC stating the manual changes are approved and delivers the Policy Approval and Distribution form to the MC

Step 11: The MC provides the Medicaid Deputy Director with the paper copy of the signed Policy Approval and Distribution for signature

Step 12: The Medicaid Deputy Director approves the manual changes and returns the signed Policy Approval and Distribution form to the MC

Step 13: The MC prepares the General Letter

- a. The General Letter template is found in the folder titled **MANUALS** in the **PROVSRV on DHSIME** share drive. The letter summarizes the changes made to the manual

Step 14: Notify DHS Policy Analysis of manual changes

- a. The MC emails the Policy Approval and Distribution form, 470-0049, General Letter and manual to DHS Policy Analysis (ryeager1@dhs.state.ia.us) with a copy to the Provider Services Account Manager, Provider Services Unit Manager, Medicaid Deputy Director, IME Bureau Chief and Policy staff member

Step 15: DHS Policy Analysis reviews and publishes manual changes

- a. Any questions from DHS Policy Analysis regarding the changes will be emailed to the MC
 1. The MC will coordinate the review and approval from the appropriate Outreach or Policy staff member to obtain necessary approval if subsequent changes are made
 2. The MC emails the responses back to the DHS Policy Analysis for review and publishing

Step 16: The MC uploads the General Letter to the Iowa Medicaid Portal Application (IMPA)

- a. Once notification is received via the weekly email from DHS Policy Analysis regarding DHS Rule and Manual Changes, the MC uploads the General Letter to the Iowa Medicaid Portal Access (IMPA) system -see operational procedure PRV-Outreach Processing Informational Letters for direction on how to upload to IMPA

Forms/Reports:

Policy Approval and Distribution form, 470-0049
General Letter

RFP References:

N/A

Interfaces:

Provider Services Manuals Coordinator (MC)
Provider Services Outreach Supervisor and Outreach Staff
IME Bureau Chiefs
IME Policy Staff
Medicaid Deputy Director
DHS Policy Analysis

Attachments:

Form 470-0049

General Letter Template

Process Map

Iowa Department of Human Services
Policy Approval and Distribution

Originating Unit:				Bureau of Policy Analysis and Appeals:	
Date		Type of Issuance		Letter No.	
Writer		Unit		Issue Date	
Subject				Distribution:	
				<input type="checkbox"/> Standard <input type="checkbox"/> Supply <input type="checkbox"/> Special * <input type="checkbox"/> Total	
Does this material implement a law or rule change? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Effective Date of Law or Rule		Issue Date Wanted		Cost Center	
Check the other units asked to review this material.					
Initial/Date		Initial/Date			
<input type="checkbox"/> BPAA		<input type="checkbox"/> DMHDS			
<input type="checkbox"/> DCFS		<input type="checkbox"/> DMS			
<input type="checkbox"/> DCSCMRS		<input type="checkbox"/> DRBA			
<input type="checkbox"/> DDFO		<input type="checkbox"/> Forms manager			
<input type="checkbox"/> DDM		<input type="checkbox"/> IM/Service help desk			
<input type="checkbox"/> DFHWS		<input type="checkbox"/> IMA/SM/Agcore team			
<input type="checkbox"/> DFM		<input type="checkbox"/>			
Do these changes affect appeal issue codes? <input type="checkbox"/> No <input type="checkbox"/> Yes (contact Appeals)				Response Due Date	
Do these changes need to coordinate with system changes? <input type="checkbox"/> No <input type="checkbox"/> Yes				Response Due From	
Are you requesting waiver of field circulation? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Bureau Chief Approval			Date		
Waiver of circulation approved? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Division Administrator Approval			Date		
Comments					

470-0049 (Rev. 12/08)



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-#
Employees' Manual, Title 8
Medicaid Appendix

, 2014

{NAME OF MANUAL} MANUAL TRANSMITTAL NO. 14-#

ISSUED BY: Bureau of {name}
Division of {name}

SUBJECT: **{NAME OF MANUAL} MANUAL**, Title page, new; Table of Contents,
new;

Chapter I, **General Program Policies**, Title page, Table of Contents
(pages 1, 2, and 3), pages 1 through 50, and the following forms:

470-4166 *Iowa Medicaid Provider Form Request*
470-5047 *Certificate of Medical Necessity for Waiver Assistive
Devices*
470-5048 *Certificate of Medical Necessity for Consumer-Directed
Attendant Care*
470-5049 *Certificate of Medical Necessity for Environmental
Modification*
470-5050 *Certificate of Medical Necessity for Home and Vehicle
Modification*
470-5051 *Certificate of Medical Necessity for Prevocational Services*
RC-0113 *List of Emergency Diagnosis Codes*

Chapter II, **Member Eligibility**, Title page, Table of Contents (pages 1
and 2), pages 1 through 63, and the following forms:

470-2747 *Foster Care Provider Medical Letter*
470-2747(S) *Foster Care Provider Medical Letter (Spanish)*
470-2979 *Proof of Application for Medicaid*
470-1911 *Medical Assistance Eligibility Card*
470-2580 *Presumptive Medicaid Eligibility Notice of Decision*
470-2580(S) *Presumptive Medicaid Eligibility Notice of Decision
(Spanish)*
470-4164 *IowaCare Medical Card*
470-3931 *Medically Needy Expense Deletion Request*
470-4299 *Verification of Emergency Health Care Services*
470-4299(S) *Verification of Emergency Health Care Services (Spanish)*
470-2927 *Health Services Application*
470-2927(S) *Health Services Application (Spanish)*

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470-4990	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determination for Children</i>
470-2582	<i>Memorandum of Understanding with a Presumptive Provider for Presumptive Medicaid Eligibility Determinations</i>
470-4855	<i>Application: Presumptive Health Care Coverage for Children</i>
470-4855(S)	<i>Application: Presumptive Health Care Coverage for Children (Spanish)</i>
470-2579	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determinations for Pregnant Women</i>
470-2629	<i>Presumptive Medicaid Income Calculation</i>
470-3864	<i>Application for Authorization to Make Presumptive Medicaid Eligibility Determinations (BCCT)</i>

Chapter III, **Provider-Specific Policies**, Title page, new; Table of Contents (pages # and #), new; pages # through #, new; and the following forms:

Form #	Form Name
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Chapter IV, **Billing Iowa Medicaid**, Title page, Contents (pages 1, 2, and 3), pages 1 through 16Q, and the following forms:

470-3969	<i>Claim Attachment Control</i>
UB-04	<i>Claim Form (CMS-1450)</i>
CMS-1500	<i>Health Insurance Claim Form</i>
	<i>ADA 2012 Dental Claim Form</i>
470-0039	<i>Iowa Medicaid Long Term Care Claim</i>
470-4708	<i>Medicare Crossover Invoice (Professional)</i>
470-4707	<i>Medicare Crossover Invoice (Institutional)</i>
470-2486	<i>Claim for Targeted Medical Care</i>
470-0829	<i>Request for Prior Authorization</i>
470-3970	<i>Prior Authorization Attachment Control</i>
470-3744	<i>Provider Inquiry</i>
470-0040	<i>Adjustment Request</i>
470-4987	<i>Recoupment Request</i>

Appendix, Title page, Table of Contents, and pages 1 through 22

Summary

{Type summary of changes here.}

Date Effective

Date **or** Upon receipt

Material Superseded

None.

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Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/FILENAME.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise
Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or
email at imeproviderservices@dhs.state.ia.us.

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
IME Provider Services

